



State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

Department of Human Services

LISA-MICHELE CHURCH
Executive Director

Division of Child and Family Services

DUANE E. BETOURNAY
Director

To: Rick Smith, Co-chair, State Quality Improvement Committee
Mary Ogan, Co-chair, State Quality Improvement Committee
From: Patti VanWagoner, Deputy Director, Child and Family Services
Subject: Recommendations for improving statewide consistency for CPS Intake
Date: April 20, 2007

We would like to express appreciation of this committee for the time and interest that has been shown in reviewing intake practices and meeting with staff from various regions to gain an understanding of the challenges in bringing about consistency in practice. It has also been a focus area that the Region Directors have shared with us and suggested that we come up with a way to bring our staff together so that there is better clarity around intake decisions that are being made across the state. As the supervisor for the Program Management team, I have asked Cora Peterson, the program manager for Child Protective Services to review the recommendations and do further analysis of the issues that have been brought to our attention from the QIC.

We also want to acknowledge the recommendations that you have made as a committee and let you know what we will do to incorporate those recommendations in the broader program improvement plans that are being worked on for this area.

Recommendation 1: Create a workgroup of intake and CPS staffs that can further analyze and make changes to the practice guidelines for intake. Some agreements need to be made across the state about the threshold for accepting a case in certain categories wherever some hard and fast standards can be determined. It was suggested that environmental neglect guidelines be tied to the child's age/development in terms of being an acceptable case.

Response: Just to let you know, the environmental neglect guidelines for intake (201.9) have been revised and are available at our website <http://www.hspolicy.utah.gov/dcfhs/>. Cora will be meeting with regions to discuss the impact of the changes in these guidelines.

A workgroup met for several months two years ago and focused on bringing consistency in practice guidelines for Intake. The workgroup recommended a change in the format of the written guidelines which has been reviewed by the administrative team as acceptable for Intake but would not fit for formatting other program areas so we did not move forward with releasing the newly formatted guidelines. There was a positive outcome with the workgroup in that when they were meeting together, they did come to agreements on some of the challenging areas of Intake. We will review the work product and compare it with existing guidelines again and coordinate with the region Intake Supervisors to determine if there are further recommendations that can be incorporated to assist with consistency in practice.

One of the challenges in Intake is that state statute is very broad in addressing what information is required to accept a referral for child abuse, neglect, or dependency. There may not be a way in guidelines to create "hard and fast" standards because some of the areas that have been brought to our attention, including environmental neglect, child endangerment, teens engaged in unlawful sexual behavior, out of home perpetrators, and teen/parent conflicts. These are all complex issues that have to be reviewed on their own merit within the standards of the laws that require a response for Child and Family Services whenever there is a concern of abuse, neglect, or dependency.

Written guidelines can assist our staff in making determinations but they won't, by themselves, alleviate the concerns about how each region interprets them. The Safety Decision Making Model which is now in development will hopefully assist us in integrating how threats of harm, child vulnerability and protective capacities are the factors that must be assessed when responding to concerns regarding a child from Intake through all program areas.

Recommendation 2: Once those standards and guidelines have been developed and the agreements are made, host a statewide training summit for all intake staff.

Response: We would reserve the time for a statewide summit to be at the culmination of rolling out the Safety Decision Model into Intake practice through formal training. However, there are ways to bring more collaboration across regions in Intake through hosting conference calls and providing regional guideline discussions. Cora will be following up with this with a proposal to the administrative team.

Recommendation 3: Develop an intake-specific training module for new employees as well as training for experienced staff that become intake staff. The committee was impressed by the value of staff interactions and mentoring that is a part of the intake process.

Response: We absolutely agree with this recommendation and believe that it would be best to wait to have the Safety Decision Making Model ready to roll out with the training so that there isn't training on current practice only to be redone a few months later when this is integrated.

Recommendation 4: It is recommended that the Division consider how to "build in" coverage for intake units on a routine basis, allowing them to have staff meetings, trainings, and retreats. At the present time, the intake teams feel that they have to "call in favors" for coverage when the Division should establish some infrastructure for support intake.

Response: This recommendation has been taken to the state administrative team for the Region Directors to have an opportunity to address this issue in each region. There is a need for Intake coverage and regions have the ability to provide this courtesy within the current infrastructure of the regions. We can follow up with the Region Directors to ensure there is a plan in place that meets the needs of intake staff.

Once again, we thank you for taking the time to delve into such a critical process and offering your recommendations. We will continue our follow up with the region Intake staff and would be glad to report back to you on efforts that are being made to assist in bringing consistency to practice statewide.

CC: Duane Betournay, Director
Katy Larsen, Community Development
Cora Peterson, CPS Program Manager